COMMENTARY

KEEPING CARE IN HEALTH CARE REFORM

These are challenging times for the recent graduates of medical, nursing, optometric, and other schools that train health care professionals. Challenging because these graduates are beginning their careers in an era of great technological and scientific progress. Challenging because the scope of practice for many of them is rapidly expanding. And challenging because they are beginning their careers at a time of profound changes in the American health care system.

Young professional school graduates are going out into a health care world not only characterized by marvelous technological advances, but also one in which the once traditional roles of optometrists, physicians, nurses, and other health care providers are rapidly changing.

In optometry, for example, the scope of practice will be far greater than that of previous generations of optometrists. But so too will the responsibilities. During their careers, young optometrists will be called upon to provide a level of care to patients never required of their predecessors. They are eminently qualified to meet these challenges because they are being trained at some of the finest schools of optometry in the world. As a result, they possess the scientific knowledge and technical skills to meet the highest standards of optometric practice. And their years of study and training have taught them how to keep their knowledge and skills current through continuing professional education.

The health services world that young professionals are entering today is undergoing profound changes. These diverse changes, subsumed under the broad rubric of health care reform, affect not only patients and health care providers, but also the nature of their relationships. The provider-patient relationship, which is central to the provision of care, is being profoundly challenged in the interests of cost containment.

Although President Clinton’s health care reform initiative of 1994 was unsuccessful, private managed care initiatives are currently meeting with great success. At present, about 65% of all Americans with employer-
based health care insurance are enrolled in managed care programs. In some parts of the country, the proportion is even greater. And it is predicted that by the end of this decade, most Americans with employer-based health care insurance, and many Medicaid and Medicare patients will be enrolled in some form of managed care.

Unlike private indemnity health insurance, managed care brings together both the delivery and financing of health care. As such, it represents the most powerful force today in reforming the American health care system. Importantly, it is an initiative led by the private sector, embraced by employers, and supported by government.

The advent of the 1990s witnessed a growing awareness that our health care system had two major deficiencies. These are escalating costs and denial of access to almost 15% of the population. In 1994, our national health care bill was a trillion dollars or $3,380 per person. This represented 13% of the gross domestic product. Twenty-five years before, in 1970, our annual health care bill was a twelfth of this, or $75 billion.

If this ever-escalating national health care bill had resulted in dramatic improvements in health, surpassing those of other industrial countries, then one could have defended it. However, within the United States, there are vast second and third world environments where life expectancy and infant mortality rates are far greater than those in other industrial countries. Unequal access to health care has resulted in poor health for many. Similarly, a heavy reliance on expensive interventionist technology in place of preventive measures has served to fuel the escalation of our health care costs.

Cost containment and providing access for medical care for the uninsured and under-insured placed health care reform in the forefront of the national public policy debate. Yet, the federal government was unable to move health care reform forward. This inability of the federal government to achieve health care reform was prophetically predicted by Professor Eli Ginzberg of Columbia University. Writing in 1987 in the New England Journal of Medicine, he said:

A society such as ours—which places a high value on pluralism, which is enthralled by technology, which resists domination by the federal government, which accepts the prevailing inequality of income and wealth, and which promotes the sovereignty of consumers—is not likely to opt for serious constraints in biomedical research and development or to favor the explicit rationing of proved health care services to the public.¹

Government's failure and the continuing concerns of employers over escalating health care premiums helped to fuel the private sector evolution of managed care.

Young graduates are about to move out into a practice world much